

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

PRE-SCREENING

**IHSC Directive: 03-08
ERO Directive Number: 11742.2
Federal Enterprise Architecture Number: 306-112-002b
19 January 2015
Annual Review: 21 Mar 2016 No Changes**

**By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/**

- 1. PURPOSE:** This issuance sets forth the policy and procedures for the completion of a receiving pre-screening health assessment.
- 2. APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and federal employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.
- 3. AUTHORITIES AND REFERENCES:**
 - 3-1.** Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR 235.3](#)), Inadmissible Aliens and Expedited Removal;
 - 3-2.** Section 232 of the Immigration and Nationality Act (8 USC 1222), Detention of Aliens for Physical and Mental Examination;
 - 3-3.** Title 8, Code of Federal Regulations, section 232 ([8 CFR 232](#)), Detention of Aliens for Physical and Mental Examination;
 - 3-4.** Section 322 of the Public Health Service Act ([42 USC 249\(a\)](#)), Medical Care and Treatment of Quarantined and Detained Persons;
 - 3-5.** Title 42, U.S. Code, Public Health Service Act, Section 252 ([42 USC 252](#)); Medical Examination of Aliens.
- 4. POLICY:** Health care providers perform a receiving pre-screening as soon as possible on all IHSC detainees on arrival at the intake facility to ensure that

emergent and urgent health needs are identified. The process also serves as a clinical assessment of physical and mental status when the detainee is admitted into the facility, and as a means to prioritize health screenings. The receiving pre-screening is not the intake screening that is completed within 12 hours of the detainee's arrival at an ICE facility.

4-1. Compliance indicator – timeframe to complete the pre-screening.

- a. Licensed or certified health services personnel complete a receiving pre-screening for all detainees/residents (hereafter referred to as "detainees") arriving at a designated facility as soon as possible.
- b. The responsible health services program health authority coordinates with the designated federal or contract detention authority to identify those detainees arriving to the facility.
- c. Verbal consent to conduct this interview is acceptable in place of the written informed consent that will be signed at a later point.
- d. This receiving pre-screening should be conducted on all new facility arrivals, but does not replace the intake screening before release from the intake area.

4-2. Relevant components of the receiving pre-screening assessment. Pre-screening is a subjective measure process to identify current medical and mental health problems by interview.

- a. The detainee is appropriately identified at the outset by using a combination of the following: picture ID, alpha-numeric number, subject ID number, wrist band or by detainee self-identification.
- b. The health care provider determines if the detainee was transferred from another facility. If yes, the health care provider reviews any transfer summary accompanying the alien and/or available records in eClinical Works (eCW).
- c. The health care provider identifies and records current illness or health problems in the detainee record.
- d. The health care provider identifies and records current medications.
- e. Absence or presence of pain is identified and notated as appropriate on a standard pain scale of 0-10, in addition to pain location and characteristics.

- f. The health care provider identifies potential for past and present activity/risk for harm to self or others.
- g. Females are asked if they are pregnant.
- h. The health care provider identifies language barriers to effective communication and assessment, and follows process in category PRI-LB (Priority Language Barrier) of prioritizing the pre-screen population.
- i. Subjective indicators, such as appearance, behavior, state of consciousness, ease of movement, breathing, skin integrity, are recorded as normal or abnormal.

4-3. Prioritizing the pre-screened population. At receiving pre-screening, the health care provider identifies and prioritizes detainee status as emergent or routine, and schedules a follow-up according to the following categories:

- a. PRI-1 (Priority-1): detainees with identified time sensitive medical conditions needing immediate care, including but not limited to unconsciousness, altered level of consciousness, severely intoxicated or under the influence of drugs, medically or mentally unstable, suicidal/homicidal, and infectious/contagious.
- b. PRI-2 (Priority-2): detainees with non-time sensitive medical conditions requiring timely, but not emergent, care or intervention.
- c. No Priority: detainees with no medical conditions identified who are able to be scheduled for routine follow-up.
- d. PRI-LB (Priority Language Barrier): detainees require interpreter services or interview in their language of preference to communicate effectively.

4-4. Documentation. A written record of the pre-screening is required to maintain compliance with IHSC policy on documentation of health provider and detainee interactions.

- a. The health care provider may document directly into the eCW, the IHSC electronic health record (eHR), by remote Tablet or portable workstation, or on a paper version for scanning into the eHR. Once the paper version is scanned into eHR, the paper version will be destroyed. See Section 9-1 addressing the safeguarding of paper copies containing Sensitive PII.
- b. eCW documentation of pre-screenings is outlined in the IHSC eCW User Guide: Pre-Screening Encounter Version II (5-7-2014).
- c. On completion of the pre-screening and assignment, the priority level is

used to schedule the next level of care, normally an Intake Screening.

4-5. Communications with the Detention Authority.

- a. Findings or indications should be communicated to detention staff in terms of restricted physical contact from others, to reduce an imminent risk of communicable disease transmission, i.e., suspected TB, MRSA, chicken pox; and/or concern for health, safety; risk to self or others, other vulnerable populations; or when emergent care is necessary.
- b. Signs of recent trauma or reported trauma at the hands of other detainees should be reported to the detention authority for housing assignment consideration or other appropriate intervention.
- c. The health services administrator (HSA) must notify the detention authority, in writing, of any detainee whose medical or mental health needs require special consideration in such matters as housing, transfer or transportation.

5. PROCEDURES: None.

6. HISTORICAL NOTES: This is an annual review with no changes.

7. DEFINITIONS: See definitions for this policy at [IHSC Glossary](#)

Emergent Condition – An emergent condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the health of the individual in serious jeopardy; (ii) serious impairment to bodily functions; or (iii) serious dysfunction of any bodily organ or part. ([US legal.com definition](#))

Urgent Condition – An urgent condition is a medical condition requiring immediate attention that health care staff at the facility can provide. For example, a laceration requiring sutures, or asthma attack requiring nebulizer treatment. (IHSC Operational Definition)

8. APPLICABLE STANDARDS:

8-1. Performance-Based National Detention Standards (PBNDS):

PBNDS 2011, Section 4.3 Medical Care, subsection 14. Comprehensive Medical Intake Screening.

8-2. Family Residential Standards: 4.3 Medical Care.

8-3. American Correctional Association (ACA):

Performance-Based Standards for Adult Local Detention Facilities, 4th edition: 4-ALDF-4C-22 Health Screens.

8-4. National Commission on Correctional Health Care (NCCHC):

a. Standards for Health Services in Jails, 2014

(1) J-EI-02: *Receiving Screening*.

(2) J-E-04: *Initial Health Assessment*.

- 9. RECORDKEEPING.** IHSC maintains detainee health records as provided in the Department of Homeland Security (DHS)/U.S. Immigration and Customs Enforcement (ICE) – 013 Alien Medical Records System of Records Notice, 74 Fed. Reg. 57688 (Nov. 9, 2009).

Protection of Detainee Health Records and Sensitive Personally Identifiable Information (PII)

9-1. ICE uses detainee health records and information maintained in the DHS/ICE Alien Medical Records System of Records to provide for the care and safety of detainees. IHSC will limit access to detainee health records and information to those individuals who have a need to know the information for the performance of their official duties and who have appropriate clearances or permissions. IHSC will secure paper records at all times in a locked cabinet or room when not under the direct control of an officer or employee with a need for the paper record in order to perform his or her duties.

9-2. IHSC staff is trained at orientation and annually on the protection of patient health information and Sensitive PII.

9-3. IHSC staff references the Department of Homeland Security *Handbook For Safeguarding Sensitive PII* (Handbook) at:

(b)(7)(E) when additional information is needed concerning safeguarding sensitive PII.

- 10. NO PRIVATE RIGHT STATEMENT.** This directive in an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.